FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response. 16.00

SEC USE ONLY							
Prefix	Serial						
DATE RE	CEIVED						
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	1003410
Duke Realty Limited Partnership - GB Anson, LLC Transaction Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6)	□ ULOE
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	
	<u> </u>
A. BASIC IDENTIFICATION DATA	DEC 15 2004
1. Enter the information requested about the issuer	75 20 2009
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	THEMSON FINANCIA
Duke Realty Limited Partnership	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
600 E. 96th Street, Suite 100, Indianapolis, IN 46240 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	317-808-6000 Telephone Number (Including Area Code)
Brief Description of Business Leasing, Development, Management and Ownership of Commercial Rental Real Estate	The state of the s
Type of Business Organization corporation limited partnership, already formed other (p business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: 1 0 9 3 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	A No. 2
GENERAL INSTRUCTIONS	шез
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D c 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U(S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20:	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for state of that have adopted this form. Issuers relying on ULOE must file a separate notice with the State to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal example appropriate federal notice will not result in a loss of an available state exemption unle	

	aled a 17 miles	A. BASICÍD	ENTI	FICATION DATA			p week a	
2. Enter the information requ	ested for the foll	lowing:						
 Each promoter of the 	issuer, if the iss	uer has been organized	within	the past five years;				
Each beneficial owner	having the powe	er to vote or dispose, or d	irect th	ne vote or disposition	of, 10	% or more o	of a clas	s of equity securities of the issuer.
 Each executive office 	r and director of	f corporate issuers and o	f corpo	orate general and mar	naging	partners o	f partne	ership issuers; and
 Each general and mar 	naging partner of	f partnership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)							
Duke Realty Corporation	,							
Business or Residence Address 600 E. 96th Street, Suite 10	•	Street, City, State, Zip Cis, IN 46240	Code)					
Check Box(es) that Apply: [Promoter	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if in Oklak, Dennis D.	ndividual)							
Business or Residence Address	(Number and	Street City State 7:- C	'ode\					
600 E. 96th Street, Suite 100	· .							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Ø	Executive Officer		Director		General and/or
• • • • • • • • • •								Managing Partner
Full Name (Last name first, if in Chapman, Robert M.	ndividual)							19. 12.37 AA
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)			. 6	در قر	Appere and
600 E. 96th Street, Suite 10	0, Indianapolis	s, IN 46240				31,74	Se Pi	Sedent Dags I common since
Check Box(es) that Apply [Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if in	ndividual)						7 4,7	grang and the second
Cohoat, Matthew A.							`	1. A
Business or Residence Address	(Number and	Street, City, State, Zip C	Code)					
600 E. 96th Street, Suite 10	00, Indianapol	is, IN 46240						and the second s
Check Box(es) that Apply: [Promoter	Beneficial Owner		Executive Officer		Director :	v 1 A 4	Genéral and/or Research
Full Name (Last name first, if it Connor, James B.	ndividual)					·		
Business or Residence Address 600 E. 96th Street, Suite 10			ode)	-				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or
Full Name (Last name first, if it	ndividual)							Managing Partner
Feinsand, Howard L.								
Business or Residence Address 600 E. 96th Street, Suite 10	,		Code)					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if it Fessler, Robert D.	ndividual)							
Business or Residence Address 600 E. 96th Street, Suite 10			Code)					
	(Use blan	nk sheet, or copy and use		ional copies of this s	heet, a	as necessar	y)	

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2. Enter the information re											
 Each promoter of t 			-		-						
			•		•				ss of equity securities	of the issuer.	
		-		согро	rate general and man	aging	partners (of partn	ership issuers; and		
Each general and r	nanaging partner o	f partner	ship issuers.								
Check Box(es) that Apply:	Promoter	В	eneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner		
Full Name (Last name first, i Guinee, III, John W.	f individual)										
Business or Residence Addre 600 E. 96th Street, Suite				de)						-	
Check Box(es) that Apply:	Promoter	В	eneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner		
Full Name (Last name first, i Kennedy, Steven R.	f individual)										
Business or Residence Addre				ode)							-
600 E. 96th Street, Suite	100, Indianapolis	s, IN 4	6240							· · · · · ·	
Check Box(es) that Apply:	Promoter	□ · B	eneficial Owner		Executive Officer		Director	ei a , s. (🔽	General and/or Managing Partner	. ,	
Full Name (Last name first, i Seger, Christopher L.	f individual)				The state of the s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 (. 12. 3		:	
Business or Residence Addre			•	ode)				40 t 6		4	
600 E. 96th Street, Suite		s, iN 4	16240	, -					of and the second	<u> </u>	offyr og p# Gerego
Check Box(es) that Apply:	Promoter ·	. В	eneficial Owner		Executive Officer		Director	' · ·	General and/or Managing Partner	\$	-
Full Name (Last name first, i	if individual)										
Hefner, Thomas L.									. 1		
Business or Residence Address 600 E. 96th Street, Suite	•	•	• • •	ode)						e, migere	
					Executive Officer		Disastós	*	General and/or		,
Check Box(es) that Apply:	—	ade i P	enencial Owners	··· [_]	Executive Officer		Director		Managing Partner		ia ng Pad
Full Name (Last name first, Burk, Gary A.											
Business or Residence Address 600 E. 96th Street, Suite		is, IN	46240	ode)							
Check Box(es) that Apply:	Promoter	В	eneficial Owner		Executive Officer	2	Director		General and/or Managing Partner		
Full Name (Last name first, Branch, Barrington H.	if individual)										
Business or Residence Address 554 Arden Oaks Court, I				ode)							
Check Box(es) that Apply:	Promoter	□В	leneficial Owner		Executive Officer	V	Director		General and/or Managing Partner		
Full Name (Last name first, Button, Geoffrey											
Business or Residence Addre The Mill House, Chicksg	rove, Salisbury,	Wiltshir	e, U.K. SP3 6L	_Y							
	(Use bla	nk sheet	, or copy and use	additi	ional copies of this s	heet,	as necessa	ry)			
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			-		`corpo	rate general and man	aging	partners of	partn	ership issuers; and
• Ea	en general and			nership issuers.						
Check Box(e	s) that Apply:	Promote	r 🗆	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (L Cavanaugh	ast name first,	if individual)	-							
				t, City, State, Zip C h, NC 27601	ode)					
Check Box(e	s) that Apply:	Promote	r 🗆	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (L Cuneo, Ng	ast name first,	if individual)								
		•		t, City, State, Zip C 102, New York, N		0012		*1		2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Check Box(e	s) that Apply:	Promote	r	Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (L Eitel, Charl	ast name first, es E.	if individual)	<u> </u>				_			A Company
		ess (Number), Atlanta, GA		t, City, State, Zip C	ode)			325556 *Cracco		
Check Box(e	s) that Apply:	Promote	r 📄	Beneficial Owner		Executive Officer	V	Director 35	· . [:]	General and/or Amanaging Partner
Full Name (L Jischke, Ma	ast name first,	if individual)				a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		.
		ess (Number:	and Stree	t, City, State, Zip C	ode)					· · · · · · · · · · · · · · · · · · ·
		•		lall, West Lafayet	•	47907-1031		algarity of	-	
Check-Box(e	s) that Apply:	Promote	r 📄	Beneficial Owner		Executive Officer	V	·Diřector ^{va}	*:F3	General and/or Managing Partner
Full Name (L Lytle, L. Be	ast name first,	if individual)								
		ess (Number andianapolis, IN		t, City, State, Zip C 4	ode)					
Check Box(e	s) that Apply:	Promote	r 🗆	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (L McCoy, W	ast name first, lliam O.	if individual)							·	
		ess (Number ite 300, Chape		t, City, State, Zip C C 27517	ode)		-			
Check Box(e	s) that Apply:	Promote	r 🗌	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
-	ast name first, mes E.	if individual)		· ·-		······································	-			

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		•		•				s of equity securities of the issuer	•
		f corporate issuers and of	corpo	rate general and man	aging	; partners of p	partne	ersnip issuers; and	
Each general and if	ianaging partner o	f partnership issuers.							
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	V	Director		General and/or Managing Partner	
Full Name (Last name first, if Shaw, Jack R.	f individual)								•
Business or Residence Address 9292 N. Meridian Street,	•		ode)						-
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner	-
Full Name (Last name first, it Woodward, Jr., Robert J.	•				,				-
Business or Residence Addres 431 Cardinal Hill Lane, Po		Street, City, State, Zip Co	ode)			्र १ ४८ स	.8	general Sw	-
Check Box(es) that Apply:	Promoter	· Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner	• • • • • • • • • • • • • • • • • • •
Full Name (Last name first, it Nelley, Jr., John W.	f individual)					. N	-	and the second second	
Business or Residence Address	ss (Number and	Street, City, State, Zip Co	ode)		٠	Latin .	:		<u> </u>
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Full Name (Last name first, i	f individual)								• Washington Company of the Company
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)				-	e in the second	
Check:Box(es) that Apply:	Promoter i	Beneficial Owner	r. '-[]	Executive Officer		· Director	50 T	General and/or and nower Managing Partner	ार्केन्ट्रिंग विश्ववन
Full Name (Last name first, i	f individual)							······································	-
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Full Name (Last name first, i	f individual)				•				-
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Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner	-
Full Name (Last name first, i	f individual)								-
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		.				=
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1. Has ti	he issuer solo	l, or does th							-		Yes	No
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2. What	is the minim	um mvesm	nent mai w	in de acce	pied from a	my maivia	uat:			***************************************	Yes	No
3. Does	the offering	permit join	t ownershi	p of a sing	gle unit?	*****						X
comm If a pe or star	the informat hission or sime erson to be lis tes, list the na ker or dealer,	ilar remune ted is an as: ime of the b	eration for s sociated pe proker or de	solicitation erson or age caler. If m	of purchase ent of a brok ore than five	ers in conne er or deale e (5) person	ction with r registered is to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering with a state	e	
Full Name	(Last name	first, if ind	ividual)					-				
Business o	r Residence	Address (N	lumber and	d Street, C	ity, State, Z	ip Code)				<u> </u>		
Name of A	Associated Br	oker or De	aler									
States in V	Which Person	Listed Ha	s Solicited	or Intende	to Solicit	Purchasers						
(Chec	k "All States	" or check	individual	States)	ر د ۶	! 	······································	***************************************			□ Al	l States
AL IL MT	AK IN NE	AZ IA NV	AR KS NH	CA KY NJ	CO LA NM	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Amount Already Sold	
	Debt	\$	\$	
	Equity		\$	
	Common Preferred	Ψ	*	
	Convertible Securities (including warrants)	€	\$	
	Partnership Interests		2,000,000.00	
	Other (Specify)		\$	
	Total	\$ 2,000,000.00	\$ 2,000,000,00	
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	,	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	•		
	one of the control of the control of the control of	Number	Aggregate Dollar Amount	
				•
	Accredited Investors	1	\$_2,000,000.00	
	Non-accredited Investors	t	*\$ <u>-{ = 55 }</u>	
	Total (for filings under Rule 504 only)	1	\$ 2,000,000.00	٠.
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	Answer also in Appendix, Column 4, if filing under ULOE.	*	デスタ map かります。	
3.			The Market of Control of the Control	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	Type of	Dollar Amount	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the	Type of Security	Dollar Amount Sold	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Offering	Type of Security	Dollar Amount Sold	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Offering Rule 505	Type of Security	Dollar Amount Sold	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Offering Rule 505	Type of Security	Dollar Amount Sold	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Offering Rule 505	Type of Security	Dollar Amount Sold \$ \$	· · · · · · · · · · · · · · · · · · ·
	Answer also in Appendix, Column 4, if filling under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is	Type of Security	Dollar Amount Sold \$ \$	in the second se
	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	Type of Security	Dollar Amount Sold \$	· · · · · · · · · · · · · · · · · · ·
	Answer also in Appendix, Column 4, if filling under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	Type of Security	Dollar Amount Sold \$ \$ \$ \$ \$_0.00	इ.स.च्या
	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs	Type of Security	Dollar Amount	· · · · · · · · · · · · · · · · · · ·
	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees	Type of Security	Dollar Amount	· · · · · · · · · · · · · · · · · · ·
	Answer also in Appendix, Column 4, if filling under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees	Type of Security	Dollar Amount	· · · · · · · · · · · · · · · · · · ·
	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Offering Rule 505	Type of Security	Dollar Amount Sold \$ \$ \$ \$ \$ \$ \$	· · · · · · · · · · · · · · · · · · ·

	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$2,000,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		
	Purchase of real estate	\$	\$ 2,000,000.00
	Purchase, rental or leasing and installation of machinery and equipment	\$	
	Construction or leasing of plant buildings and facilities	\$	<u> </u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$	r
	Repayment of indebtedness	\$	<u></u> \$
	Working capital	\$	s
:	Other (specify):	\$. 🗆 \$
		\$. D \$
1	Column Totals	\$.0.00	\$ 2,000,000.0
	Total Payments Listed (column totals added)	\$ <u></u> 2,0	00.000,000
À	D. FEDERAL SIGNATURE	Antibox, a me i	
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice in nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Ru	on, upon writte	n request of its staff.
Īss	uer (Print or Type) Signature	ate	
Dι	uke Realty Limited Partnership	ecember 6, 20	04
	me of Signer (Print or Type) Title of Signer (Print or Type) nes R. Windmiller SVP, Financial Analysis & Tax		

CHOFTERING PRICE NUMBER OF INVESTORS; EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. ST		

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?		X

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature / Date	
Duke Realty Limited Partnership	December 6, 2004	
Name (Print or Type)	Title (Print or Type)	
James R. Windmiller	SVP, Financial Analysis & Tax	

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Instruction:

........ เลงหราง กุลสารอาทุยสดาการหลักค่า สิโลสิร์กลี 🕾 🧢

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX -				
1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	·	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA	1, 200				· 6	***			
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Signature

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
Sta	te Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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				Çışı şışı APP ı	ENDIX				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									